

Case 10-cv-00865-AJW

| SENDER: COMPLETE THIS SECTION   |                          | COMPLETE THIS SECTION ON DELIVERY   |  |
|---|--------------------------|---|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, on the front if space permits.</li> </ul>   |                          | <p>A. Signature<br/></p> <p>B. Received by (Printed Name)<br/>M. A. Gates</p> <p>C. Date of Delivery<br/>3/09/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p> |  |
| <p>1. Article Addressed to:</p> <p>Hershel Slaughter, #363-213<br/>Warren Correctional Institute<br/>P.O. Box 120<br/>Cleveland, OH 45036-0120</p>  |                          |   |  |
| <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail   <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered   <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail   <input type="checkbox"/> C.O.D.     </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |                          |   |  |
| 2. Article Number<br><i>(Transfer from service label)</i>   | 7003 1680 0000 0330 4542 |   |  |